



**St. Joseph Parish School
Tuition Assistance Application**

CONFIDENTIAL

PLEASE COMPLETE AND RETURN THIS FORM BY FRIDAY, FEBRUARY 18 2020.

Return this completed form to the school office in a SEALED envelope labeled " Tuition Assistance Application" to determine the Tuition Assistance package for which you may be eligible.

Children's Information

Family Name: _____

Number of Children in Family: _____

Number of Children attending St. Joseph Parish School: _____

Names and Grades of Children Attending St. Joseph Parish School:

First & Last Name	Grade for 2020-2021 School Year	Address, City, State, Zip

Number of Children attending other Catholic Schools (do not count St. Joseph attendees): _____

Name of Parish where family is registered as a member: _____

Parent Information

	Father's Information	Mother's Information
Name		
Email		
Cell		
Home Address (include city, state, zip)		
Employer		
Employer Address		
Title		
Gross Annual Income		

Are there other circumstances that should be considered when determining tuition assistance for your family? Please explain below or on a separate sheet.

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